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**TRANSMITTAL  
FORM**

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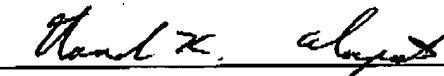
Total Number Of Pages In This Submission

19Application Number **10/735,657**Filing Date **12/16/2003**First Named Inventor **Ripley, et al**Group Art Unit **3722**Examiner Name **D. Ross**Attorney Docket No. **1095 1010.1****ENCLOSURES (check all that apply)**

- |   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form                        | <input type="checkbox"/> Assignment Papers<br>(for an Application)                         | <input type="checkbox"/> After Allowance Communication to Group                               |
| <input type="checkbox"/> Fee Attached   | <input type="checkbox"/> Drawing(s)  | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences           |
| <input checked="" type="checkbox"/> Amendment / Reply                           | <input type="checkbox"/> Licensing-related Papers  | <input type="checkbox"/> Appeal Communication to Group<br>(Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final  | <input type="checkbox"/> Petition  | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declarations                                | <input type="checkbox"/> Petition to Convert to a Provisional Application                  | <input type="checkbox"/> Status Letter  |
| <input type="checkbox"/> Extension of Time Request                              | <input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address | <input type="checkbox"/> Other Enclosure(s) (please identify below):                          |
| <input type="checkbox"/> Express Abandonment Request                            | <input type="checkbox"/> Terminal Disclaimer   | 1.  |
| <input type="checkbox"/> Information Disclosure Statement                       | <input type="checkbox"/> Request for Refund  |   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)                 | <input type="checkbox"/> CD, Number of CD(s) _____   |   |
| <input type="checkbox"/> Response to Missing Parts/<br>Incomplete Application   | Remarks <input type="checkbox"/>   |   |
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OIP/E/JCWS**SIGNATURE OF APPLICANT, ATTORNEY OR AGENT**Firm  
Or  
Individual NameCustomer No. 26158  
Womble Carlyle Sandridge & Rice, LLC  
P.O. Box 7037  
Atlanta, Georgia 30357-0037  
703-394-2216

Signature



Nanda K. Alapati

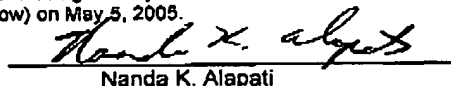
39,893

Date

May 5, 2005

**CERTIFICATE OF FACSIMILE TRANSMITTAL**

I hereby certify that this correspondence is being sent by facsimile to the United States Patent and Trademark Office, at fax number 703-872-9306 (USPTO Customer Window) on May 5, 2005.

  
Nanda K. Alapati

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WASHINGTON 145751v1

WCSR Form(12-04)

Effective on 12/8/2004. Fees pursuant to the consolidated Appropriations Act, 2005 (H.R. 4818) <b>FEE TRANSMITTAL for FY 2005</b>		<b>Complete if Known</b>		
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/735,657	
		Filing Date	12/16/2003	
		First Named Inventor	Ripley, et al	
		Examiner Name	D. Ross	
		Group Art Unit	3722	
TOTAL AMOUNT OF PAYMENT	(\$)	1450.00	New Attorney Docket No.	1095 1010.1
<b>METHOD OF PAYMENT (check all that apply)</b>				
<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number <b>09-0528</b> Deposit Account Name <b>Womble Carlyle Sandridge &amp; Rice</b> P.O. Box 7037 Atlanta, GA 30357-0037	The Commissioner is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments		
<b>FEE CALCULATION</b>				
OTHER FEE(S)				

## EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Extra Claims				Fee from below		Fee Paid	
Total Claims	48	-	31 **	17	x	50	=	850.00	
Independent Claims	8	-	5 **	3	x	200	=	600.00	
Multiple Dependent							=		
<b>Large Entity    Small Entity</b>									
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description					
1202	50	2202	25	Claims in excess of 20					
1201	200	2201	100	Independent claims in excess of 3					
1203	380	2203	180	Multiple dependent claim, if not paid					
1204	200	2204	100	** Reissue independent claims over original patent					
1205	50	2205	25	** Reissue claims in excess of 20 and over original patent					
TOTAL )								(\$)	1450.00

\*\*or number previously paid, if greater. For Reissues, see above

SUBMITTED BY		Completes (if applicable)	
Name (Print/Type)	Nanda K. Alapati	Registration No. (Attorney/Agent)	39,893
Signature	<i>Nanda K. Alapati</i>	Telephone	703-394-2216
		Date	May 5, 2005

WASHINGTON 145748v1

Application Serial No. 10/735,657  
Response to Office Action mailed March 28, 2005

**IN THE U.S. PATENT AND TRADEMARK OFFICE**

Application No.: 10/735,657	Confirmation No. 2850
Application of: RIPLEY et al	Group Art Unit: 3722
Filing Date: December 16, 2003	Examiner: D. Ross
Title: Milling Cutting Tool Having Cutter Body Mated to an Adapter	Docket No. 1095 1010.12 Customer No. 26158

**AMENDMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

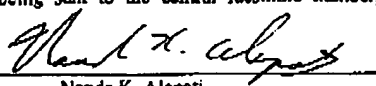
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Dear Sir or Madam:

In response to the office action mailed March 28, 2005, please enter and consider the following amendments and remarks.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 12 of this paper.

<b>CERTIFICATE OF FACSIMILE TRANSMITTAL</b>	
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17 Pages	 Nanda K. Ajapati

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02 FC:1202 850.00 DA

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